

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CM</i>	<i>67814</i>	<i>9/14/00</i>
O.I.P.E. CLASSIFIER		<i>16</i>	<i>4-13-00</i>
FORMALITY REVIEW	<i>DM</i>	<i>72223</i>	<i>7-27-00</i>
RESPONSE FORMALITY REVIEW			<i>10/2/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	3/6/00 12/5/00 6/16/00 10/11/00 4/28/00
1	✓ ✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓ ✓
8	✓ ✓ ✓ ✓ ✓ ✓
9	✓ ✓ ✓ ✓ ✓ ✓
10	✓ ✓ ✓ ✓ ✓ ✓
11	✓ ✓ ✓ ✓ ✓ ✓
12	N N N N N N
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16	N N N N N N
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18	✓ ✓ ✓ ✓ ✓ ✓
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48	✓ ✓ ✓ ✓ ✓ ✓
49	✓ ✓ ✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓ ✓ ✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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